

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:

2 Serial/Patent #

08/496987

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

1

11-496

\$ 130

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 130

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 0 4 - 1 0 4 4

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TITLE:

PHONE:

TYPED/PRINTED NAME: PCT/AB/123456789

Paralegal Specialist

303-3656

SIGNATURE: PCT/AB/123456789

OFFICE:

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY. \*\*\*\*\*

APPROVED:

DATE:

1-14-97

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B